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PTO/SB/05 (2/98)

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	TI-32316
	First Named Inventor or Application Identifier	JOY et al.
	Title	IMPROVEMENTS IN OR RELATING TO DATA TRANSMISSION
	Express Mail Label No.	EV 334468609 US

08306 U.S. PTO
10/624307

07/22/03

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <small>Pages (preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	[Total] 51	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113)-INFORMALS (Total Sheets)	17	ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration - UNEXECUTED (Total Pages)	3	8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))	
a. <input type="checkbox"/> Newly Executed (original or copy)		9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <small>(when there is an assignee)</small>	<input type="checkbox"/> Power of Attorney
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small>		10. <input type="checkbox"/> English Translation Document (if applicable)	
[Note Box 5 below]		11. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449)	<input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).		12. <input type="checkbox"/> Preliminary Amendment	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		14. <input type="checkbox"/> Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application Status still proper and desired <small>(PTO/SB/09-12)</small>
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>if foreign priority is claimed</small>	
		16. <input type="checkbox"/> Other:	

* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: /
Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **23494** or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

NAME	WADE JAMES BRADY, III		
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Name (Print/Type)	Wade James Brady, III	Registration No. (Attorney/Agent)	32,080
Signature	<i>Wade James Brady, III</i>	Date	7/22/03

Burden Hour Statements: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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13406 U.S. PTO

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PTO/SB/17(11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

Express Mailing Label No.: EV 334468609 US

Complete If Known

Application Number	UNKNOWN
Filing Date	JULY 22, 2003
First Named Inventor	JOY et al.
Examiner Name	UNKNOWN
Group Art Unit	UNKNOWN
Attorney Docket No.	TI-32316

TOTAL AMOUNT OF PAYMENT (\$) 960.00**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number **20-0668**
- Deposit Account Name **Texas Instruments Incorporated**
- ☒ Charge Any Additional Fee Required or Credit any Overpayment Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
1001	740	201	355	Utility filing fee	\$750
1002	330	206	160	Design filing fee	
1003	510	207	245	Plant filing fee	
1004	740	208	355	Reissue filing fee	
1005	160	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$750.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
27	-20**=	7	18
4	-3**=	1	84
			280

Multiple Dependent

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
1202	18	203	9	Claims in excess of 20	
1201	84	202	40	Independent claims in excess of 3	
1203	280	204	135	Multiple dependent claim, if not paid	
1204	84	209	40	**Reissue independent claims over original patent	
1205	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$210.00)

**or number previously paid, if greater; For Reissue, see above

FEE CALCULATION (continued)

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
1051	130	205	65	Surcharge - late filing fee of oath	
1052	50	227	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	139	130	Non-English specification	
1812	2,520	147	2,520	For filing a request for reexamination	
1804	920*	112	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1251	110	215	55	Extension for reply within first month	
1252	400	216	195	Extension for reply within second month	
1253	920	217	445	Extension for reply within third month	
1254	1,440	218	695	Extension for reply within fourth month	
1255	1,960	228	945	Extension for reply within fifth month	
1401	320	219	155	Notice of Appeal	
1402	320	220	155	Filing a brief in support of an appeal	
1403	280	221	135	Request for oral hearing	
1451	1,510	138	1,510	Petition to institute a public use proceeding	
1452	110	240	55	Petition to revive - unavoidable	
1453	1,280	241	620	Petition to revive - unintentional	
1501	1,280	242	620	Utility issue fee (or reissue)	
1502	460	243	220	Design issue fee	
1503	620	244	300	Plant issue fee	
1460	130	122	130	Petitions to the Commissioner	
1807	50	123	130	Petitions related to Prov'l Apps (Proc. Fee under 37 CFR 1.17(q))	
1806	180	126	180	Submission of information Disclosure Stmt	
8021	40	581	40	Recording each patent assignment per property (times no. of properties)	
1809	740	246	355	Filing a submission after final rejection (37 CFR §1.129(a))	
1810	740	249	355	For each additional invention to be examined (37 CFR §1.129(b))	
1801	740	279	355	Request for Continued Examination (RCE)	
1802	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0**SUBMITTED BY**

Name (Print/Type)

WADE JAMES BRADY, III

Registration No. (Attorney/Agent)

32,080**Complete (if applicable)**

Telephone

(972) 917-4371

Signature

Wade James Brady III

Date

7/22/03

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